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7590

06/29/2005

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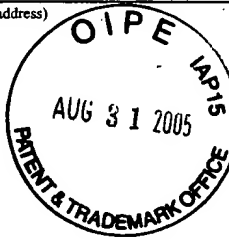
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Kevin D. Erickson

(Depositor's name)

K.D.C.K.

(Signature)

29 AUG 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/714,340	11/16/2000	William N. Weaver	ITW-12833	6496

TITLE OF INVENTION: SYSTEM AND APPARATUS FOR PACKAGING CONTAINERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GERRITY, STEPHEN FRANCIS	3721	053-398000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Pauley Petersen & Erickson**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Illinois Tool Works Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Glenview, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized **to charge any deficiency** or credit any overpayment, to Deposit Account Number 19-3550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature K.D.C.K.Date 29 AUG. 2005Typed or printed name Kevin D. EricksonRegistration No. 38,736

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ITW-12833

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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